

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name, state bar number, and address</i>) ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF MERCED STREET ADDRESS: 627 W. 21 st Street CITY AND ZIP CODE: Merced, CA 95340	TELEPHONE AND FAX NOS.: 	FOR COURT USE ONLY
<input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE <div style="text-align: right;"><input type="checkbox"/> MINOR(S) <input type="checkbox"/> (PROPOSED) CONSERVATEE</div>		
APPLICATION AND ORDER FOR WAIVER OF COURT INVESTIGATION FEE <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP		CASE NO.

1. I ☐ was ☐ was not granted a waiver of court fees and costs in this case.

If you were, on what date? _____

Did you complete the income and expense information on the back side of FW-001? ☐ Yes ☐ No

If no, you must complete the reverse of this application.

2. I am not able to pay the investigation fee in this matter for the following reason(s):

☐ Check here if you need more space. Continue your explanation on a separate sheet of paper. Write "Attachment 2: Reasons for Request - continued" at the top of the paper and attach it to this form.

ORDER

- ☐ **IT IS ORDERED** that the application for waiver of Court Investigation Fee is **approved**
☐ in whole ☐ in part – PAYMENTS ALLOWED for ☐ entire investigation fee ☐ \$ _____.
- ☐ **IT IS ORDERED** that the application for waiver of Court Investigation Fee is **denied**
☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rules 3.50-3.63):
- ☐ Monthly household income exceeds guidelines (Gov. Code, Section 68511.3(a)(6)(B); form FW-001-INFO).
- ☐ Other: _____

DATED:

☐ _____ ☐ Clerk, by _____
 JUDICIAL OFFICER DEPUTY

1. **MY MONTHLY INCOME**

- a. My gross monthly pay is: \$ _____
- b. My payroll deductions are:
- 1) _____ \$ _____
 - 2) _____ \$ _____
 - 3) _____ \$ _____
 - 4) _____ \$ _____
- My TOTAL payroll deduction amount is \$ _____
- c. My monthly take-home pay is (a. minus b.).....\$ _____
- d. Other money I get each month is (*specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings*):
- 1) _____ \$ _____
 - 2) _____ \$ _____
 - 3) _____ \$ _____
 - 4) _____ \$ _____
- The TOTAL amount of other money is.....\$ _____
(If more space is needed, attach page labeled *Attachemnt 9d.*)

e. **MY MONTHLY INCOME IS**

(c. plus d.):.....\$ _____

- f. Number of persons living in my home: _____
Below list all the persons living in your home, including your spouse, who depend in whole or part on you for support, or on whom you depend in whole or in part for support:

	Name	Age	Relationship	Gross Monthly Income
1)	_____	_____	_____	\$ _____
2)	_____	_____	_____	\$ _____
3)	_____	_____	_____	\$ _____
4)	_____	_____	_____	\$ _____
5)	_____	_____	_____	\$ _____

The TOTAL amount of other money is: \$ _____

g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS**

(a. plus d. plus f.):.....\$ _____

2. I own or have an interest in the following property:

- a. Cash.....\$ _____
- b. Checking, savings and credit union accounts:
- 1) _____ \$ _____
 - 2) _____ \$ _____
 - 3) _____ \$ _____
 - 4) _____ \$ _____
- c. Cars, other vehicles, and boats:
- 1) _____ \$ _____
 - 2) _____ \$ _____
 - 3) _____ \$ _____
- d. Real estate:
- 1) _____ \$ _____
 - 2) _____ \$ _____
 - 3) _____ \$ _____
- e. Other personal property – jewelry, furniture, furs, stocks, bonds, etc. (list sperately):

\$ _____

3. My monthly expenses not already listed in item 1b above are the following:

- a. Rent or house payment & maintenance \$ _____
- b. Food and household supplies \$ _____
- c. Utilities and telephone \$ _____
- d. Clothing \$ _____
- e. Laundry and Cleaning \$ _____
- f. Medical and Dental payments \$ _____
- g. Insurance (life, health, accident, etc) \$ _____
- h. School and child care \$ _____
- i. Child, spousal support (prior marriage) \$ _____
- j. Transportation and auto expenses (insurance, gas, repair) \$ _____
- k. Installment payments (*specify purpose and amount*):

1) _____ \$ _____
2) _____ \$ _____
3) _____ \$ _____
The TOTAL amount of monthly installment payments is: \$ _____

- l. Amounts deducted due to wage assignments and withholding orders: \$ _____

m. Other expenses (*specify*):

1) _____ \$ _____
2) _____ \$ _____

n. **MY TOTAL MONTHLY EXPENSES ARE**

(add a. through m.):.....\$ _____

I declare under the penalty of perjury under the laws of the State of California that the forgoing is true and correct.

DATE:

TYPE OR PRINT NAME OF PETITIONER

YOU MUST ATTACH A COPY OF YOUR MOST RECENT PAY STUB THAT INCLUDES YEAR TO DATE INFORMATION AND ANY OTHER PROOF OF INCOME INDICATED ABOVE.

SIGNATURE OF PETITIONER